



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE from the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH)

Weekly Report ending February 11, 2006 (MMWR Week 6)

Posted on February 15, 2006.

Summary of Influenza Activity in New Mexico for Week Ending February 11, 2006:

- Twenty of the 21 sentinel sites reported a total of 5,249 patient visits, of which 70 (1.33%) were positive for an influenza-like illness (ILI)¹. The previous week ending February 4th reported 1.63 % influenza-like illness².
- Sentinel clinical laboratories reported that 8.44 % of influenza rapid antigen or immunofluorescence tests were positive for influenza A, and one (0.18%) was positive for Influenza B.
- NMDOH reported the state influenza activity as "LOCAL" to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Laboratory Activity in NM:

- For the week ending February 11, 2006, 17 of 17 sentinel clinical laboratories reported performing 545 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 46 (8.44 %) were positive for influenza A, one (0.18%) was positive for influenza B and none were indistinguishable³.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 6,735 rapid influenza tests. One thousand, one hundred and ninety-seven (17.8 %) tests were positive, of which 1,163 detected influenza A, 29 detected influenza B, and 5 were indistinguishable.
- NMDOH Scientific Laboratory Division (SLD) has isolated influenza A in 67 of 187 (35.8%)² specimens submitted since October 2005. Subtyping of the influenza A cultures has revealed 45 H3 and 1 H1 viral subtypes; N subtyping by CDC is pending.

Influenza-Related Pediatric Mortality

CDC reported one influenza-related pediatric death in Week 5. Since October 2, 2005, CDC has received reports of fourteen influenza-related pediatric deaths, twelve of which occurred during the current influenza season. There have been no reported deaths in NM.

Flu Activity in the Mountain Region and Texas

For the week ending February 4, 2006 (the most recent data available), influenza activity was reported as "Widespread" by Texas, Wyoming and Colorado; "Local" by Montana, Nevada, Idaho and Arizona; and "Sporadic" by Utah. Since October 2, 2005, laboratory testing from the National Respiratory and Enteric Virus Surveillance System (NREVSS) in the Mountain Region (NM, AZ, CO, UT, NV, ID, MT, WY) has identified 680 influenza A H3N2 isolates, 3 influenza A H1N1 isolates, 456 influenza A unknown subtype isolates, and 34 influenza B isolates.³

¹ Influenza-like Activity (ILI) is defined as Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat in absence of a KNOWN cause other than influenza.

² Weekly ILI and lab data may change as additional reports are compiled.

³ Some rapid influenza tests cannot differentiate between types A and B.

National Flu Surveillance and Laboratory Activity

Nationwide, for the week ending February 4, 2006, 2.3 % of patient visits to U.S. sentinel providers were due to influenza-like illness, which is above the national baseline of 2.2%. Influenza activity was reported as 'Widespread' by 9 states and New York City, 'Regional' by 21 states, 'Local' by 13 states and the District of Columbia, and 'Sporadic' by 6 states and Puerto Rico. One state did not report. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

For the week ending February 4, 2006, 333 (13.9 %) of 2,401 specimens tested for influenza viruses were positive by culture. Of these, 96 were influenza A (H3N2), 2 were influenza A (H1N1), 211 were influenza A that were not subtyped, and 24 were influenza B. All states have reported lab-confirmed influenza this season. During the past three weeks (weeks 3-5), the largest number of isolates have been reported from the Mountain and West South Central regions.

Antigenic characterization of 169 influenza viruses by CDC, since October 2005, has indicated the following:

- One hundred and twenty-three (82.5%) out of 149 H3N2 influenza A isolates are A/California/7/2004-like.
- Seven (77 %) of the 9 H1 influenza A isolates were antigenically similar to the vaccine strain A/New Caledonia/20/99.
- Seven (64%) of eleven influenza B viruses are B/Florida/07/2004-like (a minor antigenic variant of B/Shanghai/361/2002); one is antigenically similar to the 2005-2006 vaccine strain B/Shanghai/361/2002. Three strains belong to the B/Victoria lineage which is not contained in the 2005-06 vaccines.

Components of 2005-06 influenza vaccines:

- Fluvirin® (Chiron) contains A/California/7/2004-like (H3N2); and A/New Caledonia/20/99-like (H1N1); and B/Shanghai/361/2002-like strain.
- Both Fluzone® (sanofi) and Fluarix™ (GSK) contains A/New York/55/2004 (H3N2, an A/California/7/2004-like strain); and A/New Caledonia/20/99 (H1N1); and B/Jiangsu/10/2003 (a B/Shanghai/361/2002-like strain).
- FluMist® (Medimmune, live attenuated vaccine) contains A/California/7/2004-like (H3N2); and A/New Caledonia/20/99 (H1N1); and B/Jiangsu/10/2003 (a B/Shanghai/361/2002-like strain).

Important message:

On the basis of available antiviral testing results, CDC currently recommends that neither amantadine nor rimantadine be used for the treatment or prophylaxis of influenza A in the United States for the remainder of the 2005–06 influenza season. During this period, oseltamivir or zanamivir should be selected if an antiviral medication is used for the treatment and prophylaxis of influenza.

For more information, go to www.health.state.nm.us/flu

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, NMDOH. For questions, please call 505-827-0006. For more information on influenza go to the NMDOH web page:

<http://www.health.state.nm.us/flu/> or the CDC web page:
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases [†]
Sporadic	Not increased	And	Isolated lab-confirmed cases
	OR		
Local	Not increased	And	Lab confirmed outbreak in one institution [‡]
	OR		
Regional (doesn't apply to states with ≤4 regions)	Increased ILI in 1 region**; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
	OR		
Regional (doesn't apply to states with ≤4 regions)	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions
	OR		
Regional (doesn't apply to states with ≤4 regions)	Increased ILI in ≥2 but less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Regional (doesn't apply to states with ≤4 regions)	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.

*ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. The sensitivity and specificity of these tests vary and the predicative value positive may be low outside the time of peak influenza activity. Therefore, a state may wish to obtain laboratory confirmation of influenza by testing methods other than point of care rapid tests for reporting the first laboratory confirmed case of influenza of the season. For assigning an influenza activity level, NMDOH Epidemiology and Response Division utilizes results of rapid influenza testing only after receiving evidence of at least one culture confirmed case.

[‡] Institution includes nursing home, hospital, prison, school, etc.

**Region: population under surveillance in a defined geographical subdivision of a state. NMDOH Epidemiology and Response Division uses the five Public Health Regions for our state subdivisions.

Influenza Surveillance Graphs:

